



2187 48

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	23	Application No.	09/965,387
		Filing Date	September 27, 2001
		First Named Inventor	Jason E. Cosky
		Group Art Unit	2187
		Examiner Name	K.N. McLean-Mayo
		Attorney Docket Number	42390P11979
			Technology Center 2100

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JUN 13 2003

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kerry D. Tweet, Reg. No. 45,959 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	June 5, 2003

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Angie C. Farr		
Signature		Date	June 5, 2003

Based on PTO/SB/21 (05-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 05/02/2003.  
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**EE TRANSMITTAL  
for FY 2003**

*Effective 01/01/2003. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 336.00)

Complete if Known	
Application Number	09/965,387
Filing Date	September 27, 2001
First Named Inventor	Jason E. Cosky
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**METHOD OF PAYMENT** (check one)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

**Deposit  
Account  
Number** 02-2666

Deposit  
Account  
Name Blakely, Sokoloff, Taylor & Zafman LLP

**The Commissioner is authorized to:** (check all that apply)

Charge fee(s) indicated below       Credit any overpayments

Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## **FEE CALCULATION**

## **1. BASIC FILING FEE**

Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
-1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$)</b>

**2. EXTRA CLAIM FEE**

Total Claims		Extra Claims	Fee when below	Fee Paid
Independent Claims	43 - 4	29* - 3*	14 X 1	18.00 = 84.00
Multiple Dependent				

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple Dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
- 1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

*\*\*or number previously paid, if greater. For Reissues, see below.*

SUBMITTED BY

**Complete (if applicable)**

Submitted by		Complete (if applicable)		
Name (Print/Type)	Kerry D. Tweet	Registration No. (Attorney/Agent)	45,959	Telephone (503) 684-6200
Signature			Date	06/05/03

Based on PTO/SB/17 (01-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 05/02/2003.  
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